

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make Louisiana Great Again		FEC IDENTIFICATION NUMBER ▼ C C00629444	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 18279.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4114
Purpose of Expenditure Media Placement; also supports Clay Higgins		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		18279.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 57822.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4115
Purpose of Expenditure Media Placement; also supports Clay Higgins		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		76101.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76101.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mosing, Greg., ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make Louisiana Great Again		FEC IDENTIFICATION NUMBER ▼ C C00629444	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 24466.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4116
Purpose of Expenditure Media Placement; also supports Clay Higgins		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		100567.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 45000.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4117
Purpose of Expenditure Media Placement; also supports Clay Higgins		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		145567.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69466.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 6500.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4118
Purpose of Expenditure Media Production; also supports Clay Higgins		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	152067.00

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